

UNITED STATES DISTRICT COURT
DISTRICT OF NEVADA

In Re: ZACHARY B. COUGHLIN)
Attorney at Law)
Bar No. 9473)

AD-2015-0009

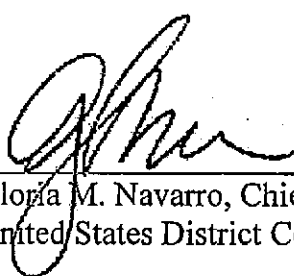
ORDER TO SHOW CAUSE

Pursuant to the order filed in the Supreme Court of the State of Nevada on June 18, 2015, transferring attorney Zachary B. Coughlin to disability inactive status, and good cause appearing,

IT IS HEREBY ORDERED that ZACHARY B. COUGHLIN, Nevada State Bar No. 9473, is immediately placed in a disability inactive status in this Court.

Mr. Coughlin shall have **thirty (30) days** from receipt of this Order to Show Cause to demonstrate why this Court should not extend this action indefinitely until the Nevada State Bar adjusts counsel's status.

DATED this 4th day of August, 2015.



Gloria M. Navarro, Chief Judge
United States District Court


CERTIFICATE OF SERVICE

Pursuant to Fed. R. Civ. P. 5(b) and LR 5-1, I hereby certify that I am an employee of the United States District Court, and that on this 5th day of August, 2015, I caused to be served a true and correct copy of the foregoing **ORDER TO SHOW CAUSE** on the following party via **Certified Mail, Return Receipt Requested** through the United States Postal Service, in a sealed envelope, postage prepaid, to the following:

Zachary B. Coughlin
945 W. 12th Street
Reno, NV 89503

Certified Mail No:

7014 2870 0001 8546 4663


Shelly Denson, Deputy Clerk
United States District Court,
District of Nevada

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Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

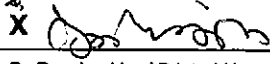
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 or PO Box No.
 City, State, ZIP+4

Zachary B. Coughlin
945 W. 12th Street
Reno, NV 89503

PS Form 3800, July

7014 2870 0001 8546 4663

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>DALE W. RAVICH</u> Date of Delivery <u>AUG 09 2015</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 10px; text-align: center;"> Zachary B. Coughlin 945 W. 12th Street Reno, NV 89503 </div>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>7014 2870 0001 8546 4663</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>			